

Designing a Documentation System for Public Health Activities

Background: The Public Health Nursing Directors have a long-standing interest in developing a system to manage individual entity encounters and document service delivery in a way that

- defines and counts issues, activities and outcomes consistently across the state,
- reduces time spent on documentation by providers, and
- reduces the number of individual data collection systems required by state programs.

As a first step toward that goal, PHND employed a graduate student to investigate standardized languages currently in use in public health agencies across the country. The Omaha System was chosen by PHND as the one most closely meeting our requirements of being suitable for community work by a multi-disciplinary team and able to be computerized.

Opportunities: The Departments of Health and Social and Health Services jointly manage the First Steps program. As part of program changes implemented in October 2003, these departments required providers to commit to using a standard documentation system when it becomes available. The cross-agency First Steps workgroup has proposed that PHND take the lead in developing a documentation system based on the Omaha taxonomy that will be ready for computerization by September 2004. A number of First Steps providers have requested to participate in the development of the forms and the state agencies want to PHND to honor their request.

Several local health jurisdictions in Washington State are using the Kansas Integrated Public Health System (KIPHS) as a patient registration, encounter and billing system. Developers of that system are interested in working with PHND on a grant application to the Robert Wood Johnson Foundation to computerize the documentation system we develop. Because we envision a centralized web-based database that would be accessed through a number of different software products already in use in local agencies, we believe there will be national interest in this development.

In addition, a number of local agencies have identified the need to upgrade their current patient data systems and would like to incorporate electronic documentation in a new system. If development and acquisition can be coordinated across agencies, we will be able to get more of our needs met for less money than by acting singly.

Vision: PHND plans to take the opportunity presented by First Steps to initiate the development of a documentation system that can eventually be used to document all services to individual entities, both people and agencies such as childcare centers.

- The system can be paper-based if an agency does not want to use the computerized system, but we envision that the primary use will be through a web-based statewide registry.
- The system will contain functions of a patient registry and encounter tracking, but will also incorporate data exchange with other patient registry systems. Agencies will have the option of keeping their existing system as their primary interface and just using the new system for documentation, or using the new system for both functions.

- Security functions will allow DOH and DSHS access to reporting data they need while meeting HIPAA privacy requirements. Cross-agency viewing of records will be allowed with patient consent for care coordination. When clients move into a different jurisdiction, records can be shared across agencies with patient consent.
- Outcome data will be used to describe the impact of services at the state and local level. Evaluation of the outcomes of different interventions for specific problems will inform quality improvement efforts both in local agencies and at the state level.

Process: Thurston County Health Department has agreed to allow Deborah Ahern to lead this effort and to hire a person to work on the project. Negotiations are continuing with the First Steps workgroup to determine how much funding they will contribute to support salary and other costs. DSHS has agreed to allow Medicaid Administrative Match to be claimed at 50% for the development.

PHND plans to utilize the 70 First Steps providers who want to be involved in development of the documentation system as an Advisory Group that will meet face-to-face once but then have opportunities for input as the forms are developed. A smaller Working Group will be formed from the PHND Information Systems workgroup, two representatives of non-LHJ First Steps providers, a nutritionist, a social worker, and two representatives from the First Steps workgroup.

For the first meeting of the Advisory Group, we plan to invite Karen Martin, the leading authority on the Omaha System, to come to talk about the value of using a standardized, national language, how it is being used in different public health agencies, and bring the large group to a basic understanding of how the Omaha taxonomy works. While Karen is here, she will also meet with the Working Group on details of the system, how it integrates with the Minnesota model of Public Health Interventions, and other questions we have about training and implementation.

As the working group creates drafts of forms and information flow, they will be shared with the larger advisory group for input and revision. By Summer 2004, piloting of paper forms will be done in different agencies. If feasible, computer templates of the forms will also be piloted. Opportunities for grant proposals will be sought with a goal of identifying funding for computer system development by Fall 2004.